

## APPLICATION DATA SHEET

Electronic Version v14

Stylesheet Version v14.0

<b>Title of Invention</b>	Shoulder Protection System	
Application Type: regular, utility		
Correspondence address:		
<b>Customer Number:</b>	44647	*44647*
<b>Inventors Information:</b>		
<u><b>Inventor 1:</b></u>		
<b>Applicant Authority Type:</b>	Inventor	
<b>Citizenship:</b>	US	
<b>Name prefix:</b>	Mr.	
<b>Given Name:</b>	Marc	
<b>Middle Name:</b>	A	
<b>Family Name:</b>	Huschke	
<b>City of Residence:</b>	Scottsdale	
<b>State of Residence:</b>	AZ	
<b>Country of Residence:</b>	US	
<b>Address-1 of Mailing Address:</b>	10869 N. Scottsdale Rd.	
<b>Address-2 of Mailing Address:</b>	#103-169	
<b>City of Mailing Address:</b>	Scottsdale	
<b>State of Mailing Address:</b>	AZ	
<b>Postal Code of Mailing Address:</b>	85254	
<b>Country of Mailing Address:</b>	US	
<b>Phone:</b>	602-881-6321	
<b>Fax:</b>	480-837-3634	
<b>E-mail:</b>	mhuschke@cox.net	
<u><b>Inventor 2:</b></u>		
<b>Applicant Authority Type:</b>	Inventor	

Citizenship: US  
Name prefix: Dr.  
Given Name: Gary  
Middle Name: R  
Family Name: Fratesi  
City of Residence: Scottsdale  
State of Residence: AZ  
Country of Residence: US  
Address-1 of Mailing Address: 7922 E. Cochise Dr.  
Address-2 of Mailing Address:  
City of Mailing Address: Scottsdale  
State of Mailing Address: AZ  
Postal Code of Mailing Address: 85258  
Country of Mailing Address: US  
Phone: 480-443-9781  
Fax:  
E-mail: gfratesimd@aol.com

Inventor 3:

Applicant Authority Type: Inventor  
Citizenship: US  
Name prefix: Mr.  
Given Name: Giulivo  
Family Name: Tassotti  
City of Residence: Scottsdale  
State of Residence: AZ  
Country of Residence: US  
Address-1 of Mailing Address: 11957 E. Becker Ln.  
Address-2 of Mailing Address:  
City of Mailing Address: Scottsdale  
State of Mailing Address: AZ  
Postal Code of Mailing Address: 85259  
Country of Mailing Address: US  
Phone: 480-661-1584

**Fax:****E-mail:****Inventor 4:**

**Applicant Authority Type:** Inventor  
**Citizenship:** US  
**Name prefix:** Mr.  
**Given Name:** Tim  
**Family Name:** Kelly  
**City of Residence:** West Point  
**State of Residence:** NY  
**Country of Residence:** US  
**Address-1 of Mailing Address:** ODIA Athletic Training Room  
**Address-2 of Mailing Address:** United States Military Academy  
**City of Mailing Address:** West Point  
**State of Mailing Address:** NY  
**Postal Code of Mailing Address:** 10996  
**Country of Mailing Address:** US  
**Phone:** 845-938-2747  
**Fax:**  
**E-mail:** wt0112@westpoint-emh2.army.mil

**Assignee 1:**

**Organization Name:** Atlas Sprots and Athletic Products  
**Address-1 of Mailing Address:** 10869 N. Scottsdale Rd.  
**Address-2 of Mailing Address:** #103-169  
**City of Mailing Address:** Scottsdale  
**State of Mailing Address:** AZ  
**Postal Code of Mailing Address:** 85254  
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**Phone:** 602-881-6321  
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